

**Massachusetts Division of Health Care Finance and Policy**  
**2 Boylston Street, Boston, MA 02116**  
**Tel (617) 988-3100 FAX (617) 727-7662 TTY (617) 988-3175**

**NURSING FACILITY USER FEE INFORMATION**

**I. Demographic Information**

Vendor Payment Number (VPN)	
Previous Vendor Payment Number (VPN)	
Effective Date of Change in VPN	
Type of Change	<input type="checkbox"/> Change in Contact Information <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change in Legal Form <input type="checkbox"/> New
Legal Facility Name <sup>1</sup>	
Facility Name (Doing Business As), if different:	
Division	
Facility Street Address	
Facility City, State, Zip Code	
Mailing Street Address <sup>1</sup>	
Mailing City, State, Zip Code	
Federal Employer Identification Number <sup>1</sup>	<input type="checkbox"/> <sup>1</sup>
Facility Contact Name	
Facility Contact Title	
Facility Contact Phone Number (voice)	
Facility Contact Phone Number (fax)	
Facility Contact e-mail address	
Does your facility have internet web access?	Yes No

The facility representative whose signature appears below, is acknowledging to the best of his/her knowledge, by said signature, that the information in this worksheet is true, accurate, and prepared in accordance with applicable regulations and instructions under the pains of penalties of perjury.

\_\_\_\_\_  
Signature of Owner, Partner, Officer or Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of signatory above

\_\_\_\_\_  
Print Title

<sup>1</sup> See Instructions

(OFFICE USE ONLY)	
Facility Number	